

NOV 28 2007

VIA FACSIMILE 571-273-8300

14 Pages Total

## FEE AUTHORIZATION / AMENDMENT TRANSMITTAL

Attorney's Docket No: 3374-US-NP

Serial No.	Filing Date	Examiner	Group Art Unit
10/620,064	July 15, 2003	LANKFORD, Leon Jr.	1651

In Re Application of Brian D. FOLLSTAD

For : METHODS AND MEDIA FOR CONTROLLING SIALYLATION  
OF PROTEINS PRODUCED BY MAMMALIAN CELLS

## TO THE COMMISSIONER FOR PATENTS:

- Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):
- One month of original due date (\$120.00)
  - Two months of original due date (\$460.00)
  - Three months of original due date (\$1,050.00)
  - Four months of original due date (\$1,640.00)
  - Five months of original due date (\$2,230.00)
- A response in connection with the matter for which this extension is requested:
- is filed herewith.
  - has been filed.
  - The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.
- The accompanying papers include amended claims for which no additional fee is required.
- The accompanying papers include amended claims the fee for which has been calculated as follows:

## CLAIMS AS AMENDED

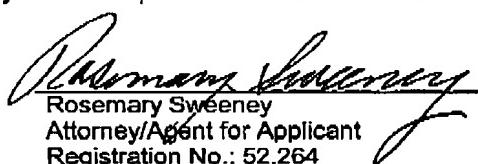
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6)	(7) Additional Fee
Total Claims	48	Minus	48 =	0	x \$60	= \$ 0.00
Indep. Claims	8	Minus	6 =	2	x \$210	= \$ 420.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$370	= \$ 0.00
Total Additional Fee for this Amendment						\$ 420.00

- \* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

- The following other fees are incurred by the accompanying papers.
- Other: \_\_\_\_\_
- Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$420.00. A duplicate copy of this petition is attached.
- If an additional extension of time is required, please consider this a request therefore.
- The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.

Please Send Future Correspondence To:**22932**

Immunex Corporation  
Law Department  
1201 Amgen Court West  
Seattle, Washington 98119-3105  
(206) 265-7000



Rosemary Sweeney  
Attorney/Agent for Applicant  
Registration No.: 52,264  
Phone: (206) 265-7858  
Date: November 28, 2007

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence (along with any referred to as being attached or enclosed) is being transmitted to the United States Patent and Trademark Office on the date appearing below.

November 28, 2007

Date

Dale Miller

Signature

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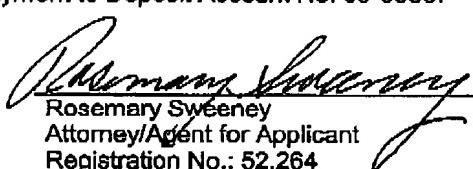
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<input checked="" type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
<b>CLAIMS AS AMENDED</b>						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	48	Minus	48 =	0	x \$50	= \$ 0.00
Indep. Claims	8	Minus	6 =	2	x \$210	= \$ 420.00
<input type="checkbox"/> First Appearance of a multiple dependent claim						+ \$370 = \$ 0.00
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<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <ul style="list-style-type: none"> <li><input type="checkbox"/> Other: _____</li> <li><input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of <u>\$420.00</u>. A duplicate copy of this petition is attached.</li> <li><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.</li> <li><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.</li> </ul>						
<u>Please Send Future Correspondence To:</u> <p><b>22932</b></p> <p>Immunex Corporation Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000</p>						
 Rosemary Sweeney Attorney/Agent for Applicant Registration No.: 52,264 Phone: (206) 265-7858 Date: November 28, 2007						

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November 28, 2007

Dale W. Johnson

Signature